



What We Can Learn From Shamanic Healing: Brief Psychotherapy With Latino Immigrant Clients

The author, a medical anthropologist and licensed psychotherapist, draws on a database of 700 Latino immigrant families whom she has treated to demonstrate concepts and techniques of psychotherapeutic intervention that are derived from shamanic roots in the immigrant's original culture.

Congruences may exist between the shamanic techniques of the coastal and Amazonian regions of Peru and 3 Western psychotherapy techniques—hypnosis, behavior modification, and cognitive restructuring.

By using historic links with Hispanic culture and the techniques discussed in the commentary, psychotherapists can acquire cultural competence that will enable them to effectively reduce mental illness symptoms presented by US Latino immigrants in clinical practice. (*Am J Public Health*. 2002;92:1576–1578)

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AS A MEDICAL ANTHROPOLOGIST, I spent the first part of my career as a field researcher. Funded by the Foundations Fund for Research in Psychiatry, I spent a year (1968 to 1969) in the Peruvian Amazon city of Iquitos, studying the use of the plant hallucinogen ayahuasca (various *Banisteriopsis* spp.) as they were incorporated into *curanderismo*, or traditional folk healing, to treat clients' psychological and emotional disorders. This research placed me in contact with 21 shamans. While there, I lived and worked on a floating houseboat in a *barriada* (squatter settlement) of 11 000 people. A number of publications resulted from this research.^{1–6} By the early 1980s, my interests had shifted and I returned to the United States to obtain a second master's degree, in clinical psychology, and to be licensed as a psychotherapist.

In addition to my work as a professor of anthropology at California State University, Fullerton, I became affiliated with the Burn Center at the University of California, Irvine Medical Center, using my acquired second language, Spanish, and experience with the urban poor in squatter slums in Peru to provide psychotherapy to Spanish-speaking burn victims. Over time, my practice expanded to other hospital services such as orthopedics, neurology, surgery, and oncology. Over the last 17 years, I have also provided psychotherapy to clients referred by man-

aged care insurers as well as local county social services.

BRIDGES TO PSYCHOTHERAPY

This article examines some of the lessons from shamanic healing that derived from my studies in the Peruvian Amazon and coastal regions in the late 1960s and 1970s. It suggests bridges to psychotherapy with Latino immigrant clients in the United States. The data presented here are based on my work with more than 700 Latino immigrants and their families over the last 17 years.

Over the years, the number of Spanish-speaking immigrants in southern California—as well as in other areas of the United States—has increased dramatically. Many of these immigrants have entered psychotherapy as a result of their insurance coverage. Since passage of the US Immigration Reform and Control Act of 1986,⁷ about half of all immigrants nationwide have been covered by major insurers such as PacificCare Behavioral Health, Managed Health Network, the FHP Program, and BlueCross. More and more, these immigrants have been referred to private practitioners. In my own practice, the overwhelming majority of clients have had less than a public school sixth-grade education. Many have been from rural environments or have lived in large squatter settlements

throughout Latin America, similar to the one in Iquitos where I conducted research.

I found myself turning increasingly to the Peruvian shamanic techniques that I had studied and written about, as well as the university courses in shamanism that I had taught. I recognized that these shamanic approaches to healing could be reconciled with methods of intervention I had learned in my master's counseling training. In my book *Brief Psychotherapy With the Latino Immigrant Client*,⁸ I detail the assessment and interventions that have been found to be efficacious with this population. Additionally, the non-Latino therapist can develop cultural competency to treat clients who were born and raised in Latin American societies through an awareness of these shamanic roots and derivative psychotherapy interventions.

There are a number of strategies and themes connected to the treatment of Latino immigrant clients that derive from an understanding of shamanism. These strategies have deep roots in Latin American culture. In particular, it is important to focus on hypnosis, behavior modification, and cognitive restructuring and their shamanic equivalents.

SHAMANISM: A DISCUSSION

Historically, shamanism has been viewed as the first religion

of humankind,⁹ having been in existence for more than 99% of our existence as a species. In particular, the term has been applied to hunters and gatherers from the Pleistocene period onward. Most shamans have been men, with the very occasional woman becoming a shaman after menopause. With the passing of time, other types of spiritual practices and beliefs developed, associated with the advent of horticulture and then agriculture. Dates vary, but 15 000 years ago is a workable estimate for the origin of agriculture.

While shamanism often gave way to more bureaucratic religious techniques over the millennia, the religion itself never actually disappeared; rather, it took on new forms over time. The key element in shamanism is the individual practitioner and his client, not a congregation. The shaman's key behavior is to enter into an altered state of consciousness, which he induces by drumming. Occasionally, he may do this by psychological practices such as sensory overload or sensory deprivation. In some cases, not unusual in Latin America, he may himself ingest plant hallucinogens or give them to his clients.

Much has been written about the altered state of consciousness spontaneously entered into by the shaman.¹⁰ He controls the trance state and can readily enter into it at will. The altered state is used by the shaman to predict the future, to experience metaphorically a change in his shape, and to contact spiritual entities. These latter entities are called upon by the healer to conquer evil, negate hexes, neutralize witchcraft, and restore the client to good health.

PSYCHOTHERAPEUTIC DERIVATIVES FROM SHAMANIC HEALING

If we turn to contemporary psychotherapy, the lesson is clear. Hypnosis is a very powerful tool that can be used with Latino immigrants, either in English or Spanish, to create an altered state of consciousness.¹¹ In psychotherapy, patients often present with agitation, pain, anxiety, and other symptoms of distress. The psychotherapist can prepare and present as an inexpensive gift (generally costing less than \$1) a relaxation cassette tape. Relaxation therapy, which can often be a gloss for hypnosis or the light trance state that alleviates symptoms, can tone the client's parasympathetic nervous system. In addition, gift-giving enhances the therapeutic alliance, ensuring that the client returns for future sessions. The Latino immigrant population is well-known for its lack of psychological sophistication. The dropout rate in psychotherapy can be very high, inhibiting the ability of the therapist to make effective interventions.

Basically, the therapist enables the client to enter into an altered state of consciousness that is conducive to healing, thus providing the client with personal control over his or her body chemistry. Moreover, a special state is established whereby the therapist's suggestions are more readily followed. In this way, the therapist can break down resistance and enhance therapeutic goals.

Personal empowerment is an important concept in hypnosis. Calling on the presence of a powerful animal—such as an eagle, king of its dominion—can be metaphorically linked to the shaman who perceives himself as

an eagle. The therapist tells the client that he or she can relax at will, anywhere and any time. The client is all-powerful, like the bird or animal. (The eagle is an important symbol in Mexican culture, found on the flag; it evokes the Toltec prophecy of a sacred homeland to be found where an eagle was seen perched on a cactus with a snake in its beak.) The client is instructed to listen to the tape during the week, often reporting back with positive relaxation effects. At the University of California Burn Center, studies were conducted to show the efficacy of such altered states in controlling pain, treating depression, and helping injured workers suffering from posttraumatic stress disorder to return to work.^{12,13}

Turning to the second psychotherapy technique—behavior modification—we note that shamanic studies are filled with descriptions and analyses of magic and theatricality. The Eskimo shaman plunges a knife into his parka. Under it, he has hidden an animal bladder full of blood, which spurts everywhere. The shaman falls down, apparently dead, and is then resurrected in a feat of stage magic. This attests to his marvelous powers.

As a therapist, I build on this theatrical concept to explain behavior modification techniques to parents who have difficult children to manage. They are shown a photograph of a killer whale at Sea World jumping straight up into the air. This image is used to motivate parents to learn the techniques of behavior modification. If the young trainers seen in the photograph can train an 8000-pound whale to do tricks, then getting one's children to behave can easily be done! Whining, antisocial

acts, and disruptive behavior all respond quickly to positive reinforcement and ignoring the child's minor behaviors.

Within 1 hour, the therapist and parents together can teach a 3- to 7-year-old child to say "excuse me" instead of constantly interrupting the parent. The improved behavior can be maintained over time if the parents learn to properly reinforce it. To the parents, these results appear magical; often, they have been trying to change their children's behavior for years. Their success, in turn, leads them to have faith in and admiration for the therapist. This is similar to the way that shamans create trust in their clients.

When I was conducting field work with shamans in Peru in the late 1960s,¹⁴ one healer came to the outdoor healing area wearing a fine alpaca poncho that everyone admired. He boasted about how he was given this fine garment because of his success in curing a client. Shortly afterwards, I visited a well-known psychiatrist in New York—an established author and an administrator in that state's mental health establishment—to discuss my research findings. He had a fine townhouse on Park Avenue with a Japanese garden at the entrance; original Picassos adorned the walls. It was hard to see any difference between the fine poncho in rural Peru and the trappings of wealth and success in the New York townhouse. Of course, each example made sense within its own cultural matrix.

The third lesson from shamanism—cognitive restructuring—focuses on the shaman's rationality. Despite his theatricality and altered states of consciousness, the shaman is a rational and empirical person. He combines talents

in botany, pharmaceuticals, and psychology. He is quick to give advice in his healing capacity. One folk healer with whom I worked, Don Hilde, lived in the central Amazonian city of Pucallpa, Peru.^{15,16} He diagnosed illness as natural or supernatural in origin (e.g., caused by witchcraft). He also had an impressive list of healing plants that he grew or gathered. Indeed, rational and empirical techniques are the shamanic healer's strength.

I once told a holistic health physician how, as treatment for arthritis, Don Hilde kept red ants in a bottle of cane rum. Clients suffering from arthritis who drank this liquid often reported improvement. The holistic physician noted that beekeepers had a very low rate of arthritis compared with other populations, owing to the enhancement of their immune system from the toxins in the bee stings that they experienced—similar to Don Hilde's red ant treatment. A number of the plants that Don Hilde used were efficacious; some lowered blood sugar for diabetics, while others alleviated depression and anxiety. Even hallucinogens like ayahuasca have been shown to diminish helminthic disease (intestinal worms).¹⁷

Like the shamanic healer, the psychotherapist must help the client to think in the most rational way possible, finding methods to alter or restructure irrational beliefs and negative self-talk. While the shaman uses his spirit entities to give directives regarding his client's behavior, the psychotherapist instructs clients by quoting proverbs, biblical parables, and *dichos*—maxims representing the distilled wisdom of the community. The shaman's source of knowledge is said to be

outside himself, coming from the spirits that he controls or masters. By contrast, the therapist's knowledge is represented by the quickness with which he or she can associate culturally based proverbs and metaphors with the clinical issue at hand, thus describing a rational and effective way for the client to behave.¹⁸

COMMENTS

It is important for the therapist not to lose control of the therapy hour. Just as the shaman healer boasted of his fine poncho, the psychotherapist's diplomas should be conspicuously displayed on the wall. The therapist should refer to people he or she has cured (no names or identifying characteristics, of course). Preferably, they should have suffered from complaints similar to those of the client, and the therapist should reiterate his or her ability to successfully treat this client as well. In brief psychotherapy, the psychotherapist has little time to derive the client's own metaphoric worldview, as is done in psychoanalysis; the Latino immigrant client generally seeks quick relief of symptoms. The psychotherapist must not expect to engage in long-term psychotherapy, nor to understand transference or to delve into intrapsychic issues, but rather to stick to the here and now.

Those most likely to benefit from these techniques are immigrants to the United States whose culture of origin is closest to shamanic roots. In trying to be culturally competent, therapists must not insist that clients be psychologized to their own worldview and beliefs. In the Greek myth of Procrustes, visitors to an inn were forced to fit into a bed by either having their

bodies stretched out or their legs sawed off. Therapists must not insist that their Latino immigrant clients fit into a Procrustean bed. Rather, they must make an effort to find techniques and use them wisely to provide psychological help for the problems they are called upon to advise. ■

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